



INFORMATION SERVICES BRANCH

PULL NOTICE REQUESTER ACCOUNT NOTICE OF CHANGE

SUBMIT WITHIN 10 DAYS OF CHANGE

SECTION A: INFORMATION ON RECORD

NAME OF BUSINESS		REQUESTER CODE NUMBER
BUSINESS ADDRESS		DAYTIME PHONE NUMBER ()
MAILING ADDRESS		
CONTACT PERSON	AUTHORIZED PERSON	

SECTION B: REQUESTED CHANGES TO THE EMPLOYER PULL NOTICE ACCOUNT

NEW BUSINESS (IF UNDER NEW OWNERSHIP, A NEW APPLICATION IS REQUIRED. CALL FOR ADDITIONAL INFORMATION.)

BUSINESS ADDRESS	
MAILING ADDRESS	DAYTIME PHONE NUMBER ()
CONTACT PERSON	ATTENTION (MAIL TO)
AUTHORIZED PERSON'S SIGNATURE X	

Return completed form to: **DEPARTMENT OF MOTOR VEHICLES**
Employer Pull Notice Unit
P. O. Box 944247
Mail Station H-265
Sacramento, 94244-2470
(916) 657-6346

“Upon request, this document can be produced in Braille or large print.”